

AGREEMENT BETWEEN DIVISION OF HEALTH

-AND-

DIVISION OF VOCATIONAL REHABILITATION

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DIVISION OF HEALTH

I. Mutual Objectives and Responsibilities

The Rehabilitation Act of 1973, as amended, and implementing Regulations require State vocational rehabilitation agencies to assist eligible handicapped individuals to enter, return to, or remain in gainful employment. Many of the individuals eligible for vocational rehabilitation services are also eligible for Medical Assistance (MA).

Pursuant to s.49.45(1), Wis. Stats., the Division of Health administers the MA program to provide appropriate health care services to qualified persons whose financial resources are inadequate to provide for their health care needs, so that such persons may attain or retain capability for self care or independence.

The two Divisions enter into this cooperative agreement in order to foster good communication, make use of similar benefits and to promote high quality health care and services for recipients who are served by both programs.

II. Services at State Level

Division of Vocational Rehabilitation (DVR): During evaluation or upon completion of a written and approved plan, arrangements are made to initiate and supply necessary services. Services regardless of financial need may consist of: medical and psychological evaluation; comprehensive vocational evaluation; counseling and guidance; tuition, fees, books, supplies as part of an approved Individual Written Rehabilitation Program (IWRP) and job placement assistance.

The following services may be provided as part of an approved IWRP after financial need is considered: room and board while attending training; transportation; occupational licenses, tools, equipment and supplies; training materials; physical and mental restoration; artificial limbs; orthotic braces; wheelchairs; and hearing aids.

Medical Assistance: MA pays for these services: physicians services; dental services; hospital services; nursing home services; drugs; nursing, home health care and personal care services; mental health services; podiatry services; chiropractic services; physical therapy; occupational therapy; speech pathology; audiology; vision care services; family planning services; early and periodic screening, diagnosis and treatment (EPSDT) services; transportation; medical supplies and equipment; diagnostic services; dialysis services; and blood. Details on service limitations are included in the State Plan for MA and HSS 101-108 Administrative Rules.

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III. Cooperative and Collaborative Relationships at the State Level

Within the Department of Health and Social Services, the Chief of Policy, Planning and Evaluation Section of the MA Program is the primary liaison to DVR and the Director of the Bureau of Planning Evaluation, and Program Development of DVR is the primary liaison to MA.

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IV. Services Provided by Local Agencies

The DVR provides services through 21 offices located around the State that are entirely funded by the State and Federal government. The MA Program has contact with County Departments of Social Services, which handle the eligibility determination process. The MA program also has contact with all local agencies which are certified providers.

V. Early Identification of Individuals Under 21 Years of Age in Need of Medical or Remedial Care and Service

The EPSDT Program (which is part of the MA organization) and the Division of Vocational Rehabilitation will provide each other with copies of program policies, administrative procedures, and brochures. The two programs agree to provide each other with information on the location of offices or contractors through which services are delivered, and a description of services and eligibility requirements. This information will be communicated to the service agencies so that whenever a person is identified who would appropriately be served by the other agency, such a referral will be made.

VI. Reciprocal Referrals

Determination of eligibility for MA is made at the local level by the county Social Services Department.

Determination of VR eligibility is made at the local office level by the DVR counselor.

Through an agreement with the Division of Economic Assistance (DEA) individuals eligible for MA will be referred by the County Social Services Department directly to the DVR field office. Referrals of MA eligible individuals may also come from other sources. It is the responsibility of the VR counselor to obtain information regarding client MA eligibility (showing the counselor the MA card). For the VR recipient who is potentially eligible for MA benefits, it is the responsibility of the VR counselor handling the recipient's case to refer the individual to the appropriate county for MA eligibility determination. Referral procedures are specifically described in the agreement between the DEA and DVR.

VII. Similar Benefits and Reimbursement

Under the Rehabilitation Act of 1973 (Section 101(a)(8)) and implementing regulations (45 CFR 1361.45(b)), the state vocational rehabilitation agency must give full consideration to any "similar benefits" available to a handicapped individual under any other program to meet in whole or in part the cost of certain services.

Where MA can provide physical and mental restoration services to a handicapped individual, this similar benefit provision would apply. MA should be considered as an appropriate source of payment for these services and for diagnostic services.

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For those services provided by both MA and VR that appear in an Individualized Written Rehabilitation Plan (IWRP), the first dollar concept will apply to available MA funds under the MA rules at the time. In essence, medical services normally provided by MA will continue to be provided for VR clients if they are MA eligible. If an IWRP includes a medical service not provided by MA, the DVR will have the responsibility of providing that service.

DVR will take the responsibility of ensuring the clients who have an MA card participate in the MA program to receive those medical services included in the IWRP. The IWRP will indicate which medical services will be provided by MA and DVR will be responsible for providing adequate follow-up to ensure that services have been provided.

Problems or questions pertaining to coverage of services will be brought to the attention of DOH and DVR staff designated to monitor the agreement in order to facilitate a timely solution.

VIII. Exchange of Reports

The DVR will provide reports to MA at least annually on the number of its clients who are public assistance and MA recipients, and the eligibility categories of assistance. The DVR and MA agency will cooperate to determine the extent to which MA funds are used where DVR funds could be used.

IX. Periodic Review and Joint Planning

DVR will monitor the agreement on a need basis by randomly selecting cases (IWRP's) and analyzing them to verify that the agreement's mandate is being carried out.

Annual review of the agreement will be performed by the liaison staff. Each review will generate a jointly-signed report to both Division Administrators indicating the extent to which MA is being utilized, and policy changes or issues which have been addressed that affect the agreement. In addition, the review will address anticipated or existing problem areas, and recommend appropriate changes. The agreement may be changed or updated as appropriate, but will be formally reviewed annually one year from the date of signature, and every year thereafter.

X. Continuous Liaison

In addition to the provision in Section III, the DVR will share policy, procedure and operating information with the Division of Health explaining how VR services are provided to clients and how the agency operates. The DOH will also provide policy, procedure, and operating information to the DVR giving information on how medical services are provided through Wisconsin's Medical Assistance Program. DVR and DOH will also make available staff members to provide information at staff conferences and training sessions on their respective programs on a need basis.

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DOH will communicate with DVR during the process of updating the Medicaid Administrative Rule. Incorporation of policy changes to accommodate VR clients will be discussed and resolved at that time.

Larry Little
Division Administrator - DOH

Peter B. Kalb
Division Administrator - DVR *Kenc*

10/20/80
Date

10/21/80
Date

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MEMORANDUM OF UNDERSTANDING TITLE V, WIC and TITLE XIX

Between the Bureau of Public Health (BPH) --- representing Title V - Maternal and Child Health (MCH) including the Children with Special Health Care Needs (CSHCN) Program and the Supplemental Nutrition Program for Women, Infants and Children (WIC) --- and --- the Bureau of Health Care Financing (BHCF) --- representing Title XIX - the Medicaid Program including the EPSDT (HealthCheck) Program -- within the Wisconsin Division of Health, Department of Health and Family Services. (See also the Memorandum of Understanding between the Department of Health and Family Services and the Department of Workforce Development regarding Medical Assistance Eligibility Functions.)

GOAL

The overall goal of this State MCH (Title V), WIC, and Medicaid (Title XIX) agreement is to improve the health status of low income and special needs children by assuring provision of preventive services and of any necessary treatment and/or follow-up care allowed under the Social Security Act. It is intended that care be provided in the context of an ongoing provider-patient-family relationship and from continuing care providers who can provide quality and comprehensive care.

It is understood that the parties following, as representatives of the programs indicated, are in substantive agreement with the following points:

1. Title V and WIC funded agencies (projects) will be encouraged, and where appropriate required to make available their range of services to the recipients of Medicaid.
2. Recipients of Medicaid will be encouraged to utilize Title V and WIC services when appropriate.
3. Title V - funded agencies (projects) will be instructed to adhere to the precedence of billing principles: for those recipients on Medicaid: Medicare and private third party payers as first recoverable dollar, Medicaid as second dollar, and Title V as third dollar, in payment for services rendered. Medicaid-certified Title V agencies must have an established fee schedule on file and bill Medicaid according to the schedule.
4. Title V program income from Title XIX reimbursed services will be applied as State matching resources, against requirements stated in Federal Title V regulation.
5. The parties are in agreement regarding operation of the federally mandated EPSDT Program, known in Wisconsin as "HealthCheck." (Reference 42 CFR 440.40(b) and Part 441, Subpart B.).
6. The parties agree personally, or by representation, to periodically address issues and resolve problems, and to jointly develop formal procedures that will carry out the spirit and letter of the agreement. An ongoing liaison will be developed between the BPH and the BHCF to review content standards for HealthCheck.
7. This agreement will be reviewed annually by both parties and updated as necessary.

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The following procedures and mechanisms have been developed to address the issues outlined above, including, but not limited, to referring eligible clients between participating programs; obtaining reimbursement for services rendered; sharing of data, reports and other relevant information; and developing collaborative and/or complementary service programs.

1. Medicaid Managed Care Expansion

- A. Develop an important, system link between Wisconsin's public health system in the Medicaid managed care system consistent with the mission of public health and the core function of public health assessment, assurance and policy development.
- B. Encourage state, regional and local health department staff to participate in any MCH Medicaid managed care or W-2 advisory groups.
- C. Provide local health departments and WIC projects with essential information on how the Medicaid managed care system works, current information on Medicaid quality of care indicators and their current Medicaid reimbursement.
- D. Provide HMOs with information on local health departments and WIC projects and the services they provide.
- E. Promote coordination and collaboration between local health departments, WIC projects, HMOs, and other Title XIX managed care programs.
- F. Title V and WIC funded agencies will encourage recipients of Medicaid who are eligible for HealthCheck services to receive preventive care through HealthCheck screening. Medicaid children who are enrolled in managed care programs must receive Medicaid services from their assigned managed care providers.
- G. Require the HMOs to refer potentially eligible women, infants, and children to the WIC Program. Referrals should include relevant health data (e.g., length/height and weight measurements, hematocrit or hemoglobin, documentation of nutrition-related medical conditions, etc.). In addition, the on-going provision of relevant health data is encouraged in order to prevent duplication of services in subsequent WIC certifications.

2. Wisconsin's Program for CSHCN

The Wisconsin Program for Children with Special Health Care Needs (CSHCN) expects to continue its coordination and cooperation with Title XIX through the following mechanisms: continuation of electronic data access, formalization of provider data exchange, continuation of referral exchanges, increase the frequency of mutually-developed training materials for provider groups, and through established Title V/Title XIX cooperative work groups develop mutually agreeable procedures for CSHCN to provide technical assistance to the BHCF regarding services covered by CSHCN.

Non-duplication of Medicaid payments to SSI recipients under 16

Title V will assure the provision of rehabilitation services for blind and disabled individuals under the age of 16 receiving Supplemental Security Income (SSI) benefits under Title XVI (of the Social Security Act), to the extent such services are not covered under Title XIX (Medicaid).

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3. Wisconsin WIC Program

The WIC Program will refer WIC applicants/participants to Medicaid programs (e.g., HealthCheck, Prenatal Care Coordination, Case Management). The WIC Program may disclose individual client information, such as lab results, and manual or computer-generated lists or extract files of women, infants, and children eligible for Medicaid programs to the appropriate Medicaid provider for the purpose of determining eligibility for the program or for further services. Client information disclosed will be limited to the purpose of the referral. The Medicaid provider receiving the information will not redisclose the information to a third party except to the extent the additional disclosure is for the purpose of accomplishing the purpose of the initial referral. Informed written consent of the client or person legally authorized to give consent on behalf of the client shall be obtained prior to disclosure of treatment for mental illness, developmental disabilities, and alcoholism or drug abuse; and for HIV infection as required by Wis. Stat. 252.15.

4. Toll-free Telephone Numbers

MCH Hotline

Title XIX, Title V, and WIC will maintain a toll-free MCH Hotline service for Wisconsin residents including Title XIX recipients, who may call to locate: Title V grantees, HealthCheck, WIC, Alcohol and Other Drug Abuse (AODA), Healthy Start, Presumptive Eligibility, Genetic Services, Prenatal Care Coordination (PNCC), and other health care providers.

In addition, BPH will provide and update a list of Title V services available at the county level to the Medicaid Recipient Hotline for families currently receiving Medicaid benefits.

CSHCN Program

The Wisconsin CSHCN Program also has a toll-free number that is widely disseminated. This toll-free number is intended to provide families with access to CSHCN staff. CSHCN staff rely on these toll-free calls to facilitate rapid response to family needs. The CSHCN program will use the toll-free number as an additional opportunity to refer families to Title XIX services.

BPH and BHCF further agree to collaborate on the development and dissemination of materials used to publicize these toll-free numbers, including both print and electronic media.

5. HealthCheck (EPSDT)

The purpose of HealthCheck is to provide comprehensive preventive services, to identify health problems early and to assure coordinated follow-up services to Medicaid children and youth birth to 21 years of age. Title V state agencies and Title XIX state agencies have a mutual commitment - to improving services to this population. Title V providers serve a predominantly low income population, many of whom are Title XIX eligible. Title V providers are responsible for billing Title XIX for covered services, so as to maximize availability of Title V funding for non-Title XIX clients.

In order to maximize the effective operation of Wisconsin's fee for service Title XIX, Title V and WIC Programs, the following methods for coordination have been established.

- A. For identification of individuals under 21 years of age needing health services, HealthCheck Outreach providers must utilize the quarterly and monthly reports to assist their outreach and case management efforts. Managed care enrollees are excluded from this list.
- B. Title V agencies certified and providing HealthCheck Outreach services may request listings of Medicaid providers in their service area from BHCF for purposes of referral.

- C. HealthCheck outreach agencies will refer all identified Title XIX recipients to the WIC Program, Title V projects, local health departments, community based agencies, Head Start, school health programs, the CSHCN Program, and any other appropriate public or private provider.
- D. The Title V and WIC providers must refer all Medicaid HMO enrolled children to their HMO for the comprehensive HealthCheck screening.
- E. Title V agencies certified as HealthCheck providers will identify all primary health care and nutritional needs of their Title XIX recipients and will refer patients, as appropriate, to the WIC program, Title V projects, local health departments, community based agencies, Head Start, school health programs, the CSHCN Program, and any other appropriate public or private provider.
- F. The Title V and Title XIX agencies will inform providers of Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, which is listed as a resource for providers conducting HealthCheck comprehensive examinations. HealthCheck providers, however, will be expected to adhere to the HealthCheck periodicity schedule. The Title V and Title XIX agencies will cooperate when providing technical consultation and support sessions for potential HealthCheck providers.
- G. Exchange of reports of established services are provided periodically and upon request by either agency including continued collaboration and agreement for the identification of new data needs, reporting formats, and time frames.
- H. Payment and reimbursement procedures and policy clarification are provided to all HealthCheck providers and the Title V Program. Additional assistance with billing instructions is provided by the Title XIX fiscal agent. The Title XIX Agency will provide technical training on Medicaid policy and billing for HealthCheck certified providers, including the HealthCheck "other services" component.
- I. Jointly evaluate policies that affect both agencies depending on changes in the clinical aspects, provider needs, utilization of the program by recipients, quality assurance reports, and state or federal mandates.
- J. Periodically review and jointly plan for changes in this section based on individual agency needs, legislative inquiries, and state or federal mandates.

6. Medicaid Applicant Identification and Assistance (see Memorandum of Understanding between the Title V and the Office of Welfare Reform, Division of Economic Support)

Wisconsin Title V, Title XIX, and WIC Programs agree to collaborate on programs and services to identify pregnant women and children who may be eligible for Medicaid and once identified, to assist them in applying for such assistance, including the following:

- A. Healthy Start, and
- B. Presumptive Eligibility

Title V, Title XIX, and WIC Programs agree to collaborate on assisting Medicaid recipients with selecting an appropriate managed care delivery system.

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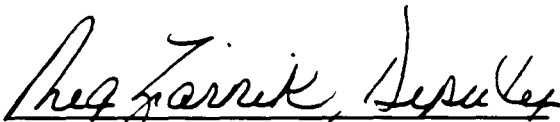
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7. Cooperative and Collaborative Relationships

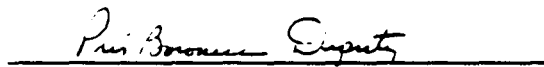
Title V, Title XIX, and WIC (state) Programs agree to establish cooperative and collaborative relationships, including work groups and periodic meetings, with respect to the following programs and services, including, but not limited to:

- A. HealthCheck (EPSDT).
- B. Immunizations (see Memorandum of Understanding between BPH-BHCF)
- C. CSHCN
- D. Recipient Access/Provider Participation
- E. Medicaid Clinical Review
- F. Prenatal Care Coordination
- G. Healthy Start (see Memorandum of Understanding between DOH and DES)
- H. Birth to Three
- I. Children Come First
- J. Expansion of Medicaid Managed Care programs statewide

This agreement may be terminated at any time by order of the Administrator of the Division of Health (DOH). Either party may terminate this agreement at any time by providing written notice to the other party. The agreement may be amended in writing at any time by mutual agreement of the parties. This agreement remains in effect until terminated or amended in accordance with this provision.


Kenneth Baldwin, Director
Bureau of Public Health
(Representing the Wisconsin Title V -
MCH, CSHCN and WIC Programs)

Date


Peggy Bartels, Director
Bureau of Health Care Financing
(Representing the Wisconsin Title XIX -
Wisconsin Medicaid and HealthCheck Programs)

7/14/97
Date

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Tommy G. Thompson
Governor

State of Wisconsin
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**MEMORANDUM OF UNDERSTANDING, TITLE V AND TITLE XIX
EPSDT (HEALTHCHECK)**

Between the Bureau of Public Health (BPH)--representing Title V - Maternal and Child Health (MCH), Children with Special Health Care Needs (CSHCN) Programs, and the Supplemental Nutrition Program for Women, Infants and Children (WIC)--and the Bureau of Health Care Financing (BHCF)--representing Title XIX - EPSDT (HealthCheck) Program within the Wisconsin Division of Health (DOH), Department of Health and Social Services (DHSS).

It is understood that the parties following, as representatives of the programs indicated, are in substantive agreement regarding operation of the federally mandated EPSDT Program, known as "HealthCheck." (Reference 42 CFR 440.40(b) and Part 441, Subpart B.).

I. GOALS

The overall goal of this State MCH, WIC, and Medicaid (Title XIX) agreement is to improve the health status of low income and special needs children by assuring provision of preventive services and of any necessary treatment and/or follow-up care allowed under the Social Security Act. It is intended that care be provided in the context of an ongoing provider-patient-family relationship and from continuing care providers who can provide quality and comprehensive care.

A. Improving Services

1. Title V and WIC funded agencies will encourage recipients of Medicaid who are eligible for HealthCheck services to receive preventive care through HealthCheck screenings. Medicaid children who are enrolled in managed care programs must receive Medicaid-covered services from managed care providers.
2. The Title XIX and Title V agencies will review HealthCheck Outreach components to effectively maximize outreach efforts while minimizing duplication.
3. Medicaid-Certified Title V agencies (providers) providing HealthCheck services understand that Medicaid reimbursement for covered services is the lesser of usual and customary charges or maximum allowable fees.
4. An ongoing liaison between the BPH and the BHCF to review measures for containing costs and monitoring the overall quality of services provided by the Title V and Title XIX providers.
5. An ongoing liaison will be developed between the BPH and the BHCF to review content standards for HealthCheck.

B. Focusing Services on the HealthCheck Population

1. Title V agencies certified and providing HealthCheck Outreach services will receive a targeted listing each month of Title XIX recipients in their service area who are in need of preventive services. Managed care enrollees are excluded from this list.
2. Title V agencies certified and providing HealthCheck Outreach services are also provided with a quarterly list of all Title XIX HealthCheck eligibles in their service area. In areas of the state where there are managed care programs, managed care enrollees are excluded.

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